

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0011957

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

APPROVED 14 64

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St Francois</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Bonne Terre</b>   |  | Length of stay in 1b<br><b>3 wks</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>  |  | c. CITY OR TOWN <b>Doe Run</b>   |   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                               |   |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>George C Moore</b>   |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>1</b> Year <b>1964</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>3/17/1878</b>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |   |
| 11. BIRTHPLACE (City and state or country)<br><b>St Francois Co. Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>William Moore</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Rebecca Ann Crawford</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>[redacted]</b>   |   |
| 17. INFORMANT<br><b>Mrs Anna Miner, Doe Run, Mo.</b>  |  | Address  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>UREMIA</b><br>DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 wk</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Bronchopneumonia</b>  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____   |   |
| 21. I attended the deceased from <b>Aug 1959</b> to <b>4-1-64</b> and last saw him alive on <b>4-1-64</b><br>Death occurred at <b>7:20 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |   |
| 22a. SIGNATURE<br>(Degree or title)<br><b>C. E. Carleton MD</b>   |  | 22b. ADDRESS<br><b>Farmington Mo</b>   |   |
| 22c. DATE SIGNED<br><b>4-3-64</b>   |  |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  | 23b. DATE<br><b>4/4/64</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Pendleton Cemetery</b>  | 23d. LOCATION (City, town, or county)<br><b>Doe Run, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Miller Funeral Home, Farmington, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>April 3, 1964</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Ether Redloff</b>   |  |  |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

No. C.E.C. 1000

DECEMBER 11 1944

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.